

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018977

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48			/	/		
49			/	/		
50			/	/		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	34	↓		↓
TOTAL CLAIMS		↓	39	↓		↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS